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CONFIRMATION NO. 6263

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|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/629,368   | <b>FILING OR 371(c) DATE</b><br>07/29/2003<br><b>RULE</b>   | <b>CLASS</b><br>600           | <b>GROUP ART UNIT</b><br>3737   | <b>ATTORNEY DOCKET NO.</b><br>02-479-C |
| <b>APPLICANTS</b><br>Luiz Belardinelli, Menlo Park, CA;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/459,803 04/02/2003 and claims benefit of 60/426,902 11/15/2002<br>and claims benefit of 60/399,177 07/29/2002<br>and claims benefit of 60/399,176 07/29/2002  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/27/2003</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>17   | <b>TOTAL CLAIMS</b><br>30              |
| <b>INDEPENDENT CLAIMS</b><br>2   |   |                               |   |  |
| <b>ADDRESS</b><br>A. Blair Hughes<br>McDonnell Boehnen Hulbert & Berghoff<br>32nd Floor<br>300 S. Wacker Drive<br>Chicago, IL60606   |   |                               |   |  |
| <b>TITLE</b><br>Myocardial perfusion imaging method  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1060   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |